

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring Facility: KCFName: Wright, Richard
Number: 18740 Race: ☒ W ☐ H ☐ Other
Age: 34 Date of Birth: 8/15/67 Sex: ☒ M ☐ FDate: 2/28/02Time: 4:00 AM ☒ PMAllergies: NKAFood Handler Approved: Y ☒ NCurrent Acute Conditions/Problems: —Chronic Conditions/ Problems: mental schizophrenia

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: —Chronic Long-term Medications: —Chronic Psychotropic Medications: Haloperidol 2mg bid, Prolixin Dec 25mg
IM q 2 wksCurrent Treatments: —Follow-up Care Needed: needs annual physicalLast PPD: 7/8/00 Results: — mmsLast Physical: 7/18/00Chronic Clinics: —Specialty Referrals: MHSignificant Medical History: —Physical Disabilities/Limitations: —Assistive Devices/Prosthetics: — Glasses: — Contacts: —

Mental Health History/Concerns:

Substance Abuse: Y ☒ NAlcohol: Y ☒ NDrugs: Y ☒ NHx Suicide Attempt: Date: 1/1/00

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

Signature and Title

Date: 2/28/02

TRANSFER RECEPTION SCREENING

Date: 2/28/02 Time: 4:00 AM ☒ PMS: Current Complaint: Mental illnessCurrent Medications/Treatment: ProlixinO: Physical Appearance/Behavior: OKDeformities: Acute/Chronic: NoneT 77 P 78 R 20 B/P 130/80

A:

New men intake screeningReceiving Facility: Bullock

P: Disposition: (Instructions: Check or circle as appropriate)

- ☒ Routine, Sick Call
- ☐ Instructions Given
- ☐ Emergency Referral
- ☐ HIV/TB Instruction Given
- ☐ Physician Referral:
- ☐ Urgent / Routine
- ☐ Medication Evaluation
- ☐ Work/Program Limitation
- ☐ Special Housing
- ☐ Specialty Referrals
- ☒ Chronic Clinics
- ☒ Mental Health
- ☐ OTHER
- ☐ Infirmary Placement

Other: —*Written/Verbal
Instructions
Rec'd*

Transferring
Facility:

Kilby

Name:

Wright, Richard

Number:

187140

Race: B W H Other

Age:

Date of Birth:

8/15/67

Sex: M F

Date: 7/17/01

Time: 1045 AM PM

Allergies:

NKA

Food Handler Approved: Y N

Current Acute Conditions/Problems:

0

Chronic Conditions/ Problems:

MH

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications:

0

Chronic Long-term Medications:

0

Chronic Psychotropic Medications:

See MAR

Current Treatments:

MH

Follow-up Care Needed:

MH

Last PPD:

7/14/01

Results:

0

mms

Last Physical:

7/14/01

Chronic Clinics:

0

Specialty Referrals:

0

Significant Medical History:

MH

Physical Disabilities/Limitations:

0

Assistive Devices/Prosthetics:

0

Glasses:

Yes

Contacts:

Mental Health History/Concerns:

Substance Abuse: Y N

Alcohol: Y N

Drugs: Y N

Hx Suicide Attempt: Date: 7/17/01

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

R. Hane

Signature and Title

Date: 7.12.01

TRANSFER RECEPTION SCREENING

Date: 7/24/01

Time:

AM PM

S: Current Complaint:

0

Current Medications/Treatment:

See MAR

O: Physical Appearance/Behavior:

Calm & Cooperative

Deformities: Acute/Chronic:

T 97 P 80 R 20 B/P 130/80

A:

New Intake Screening

Receiving
Facility:

Bullock

P: Disposition: (Instructions: Check or circle as appropriate)

Routine, Sick Call

Instructions Given

Emergency Referral

HIV/TB Instruction Given

Physician Referral:

Urgent / Routine

Medication Evaluation

Work/Program Limitation

Special Housing

Specialty Referrals

Chronic Clinics

Mental Health

OTHER

Infirmary Placement

Other:

J. Brown

Signature and Title

NAPHCARE, INC.

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring

Facility:

BULLOCKDate: 09/01/2001 10-4-01Time AmAllergies ICA

Food Handler Approved Y/N

Name Wright, RichardAIS 1878190

Age

Date of Birth 8-15-67Race B

Sex

MALECurrent Acute Conditions/Problems: 0Chronic Conditions/ Problems: MH

Current Medications- Name, Dosage, Frequency, Duration:

Acute short term medications 0Chronic Long Term Medications 0

Chronic Psychotropic Medications

Current Treatments: MHFollow up care Needed MHLast PPD 7-14-00 Results 0 mms Last Physical 7/14/00Chronic Clinics 0Specialty Referrals 0Significant Medical History MH - Need physical

Physical Disabilities/Limitations

Assistive Devices/Prosthetics 0Glasses yesContacts 0

Mental Health History/Concerns

Substance abuse Y/NAlcohol Y/NDrugs Y/N

Signature/Title/Date

Hx Suicide Attempt Date 1/1

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

Isomitt10-4-01

Transfer Reception Screening

Date 10/4/01 Time 1:20 am pmS: Current complaint depressedCurrent medications/Treatments nonePhysical Appearance/Behavior cleannormal behaviorDeformities: Acute/Chronic noneT 915 P 25 R 20 B/P 105/60

A

1st 6x 7-10-01 2nd 7-10-01No apparent distress at present

P Disposition (Instructions: Check or circle as appropriate)

✓ Routine sick call Instructions given0 Emergency referral0 HIV/TB Instructions given0 Physician referral

Urgent / Routine

0 Medication Evaluation0 Work/Program Limitation0 Special Housing0 Specialty Referrals0 Chronic Clinics0 Mental Health0 OTHER0 Infirmary Placement

Receiving Facility:

Kilby

Signature/Title:

Julie Johnson

INTERDISCIPLINARY PROGRESS NOTES

[illegible]

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright Richard	187140		Bm	BULLOCK

SIGNATURE

Im

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright Richard	187140		Brn	Bullock

Health Services Request Form

Print Name Richard Wright Date of Request 27 June 01

ID No. 182140 Date of Birth 15 Aug 67 Housing Location Southward

Nature of problem or request I been give cream to take care of a sexual
transmitted ~~dise~~ disease. this cream just stop the
scabs that be on my penis. I wonder when do we deal
with the problem And not the ~~sym~~ symptoms?

Richard W Wright

Sign here for consent to be treated by health staff for the condition described above.

**Place this slip in Medical Box or designated area
DO NOT WRITE BELOW THIS LINE**

Health Care Documentation

Subjective

Objective BP _____ P _____ R _____ T _____

Assessment

Plan

NO SHOW

Refer to ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature _____ Title _____ Date _____

Health Services Request Form

Health Services Request Form

PI #4

Print Name Wright, Richard Date of Request 06-08-01ID No. 187140 Date of Birth _____ Housing Location MH #14Nature of problem or request abnormal growth on penis

Sign here for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area
DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective "H BSCB like"Objective BP 130/88 P 80 R 18 T 98Assessment Discolored areas noted to penis & dry area noted to tipPlan negbRefer to ☒ PA/Physician ☐ Mental Health ☐ DentalSignature [Signature] Title LPA Date 6/11/09

Health Services Request Form

NAPHCARE
HEALTH SERVICES REQUEST FORM

Print Name: Richard Wright Date of Request: 18 June 02

ID#: 187140 Date of Birth: 15 Aug 67 Housing Location: 3-9

Nature of problem or request: Follow up to have shaving
profile renewed

Richard Wright

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

*already seen 6/19
by MD*

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

NCO40

HEALTH SERVICES REQUEST FORM

RECEIVED JUN 19 2002

Print Name: Richard Wright Date of Request: 15 June 02
ID#: 187140 Date of Birth: 15 Aug 67 Housing Location: Dorm 3 Bed 9
Nature of problem or request: FAZOR bumps

Richard W Wright 187140
Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I want to renew my shaving profile

Objective: BP 130/80 P 76 R 20 T 98°

Inmate states he has sensitivity skin and unable to shave w/ razor.

Assessment: Alteration in Comfort R/T Renew Shaving Profile

Plan: See Dr. Siddig

Refer to: ☒ PA/Physician ☐ Mental Health ☐ Dental

Signature: L. Smith Title: LPN Date: 6/17/02 Time: 1230 PM

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM

Print Name: RICHARD WRIGHT Date of Request: MAY 18 2000

ID #: 187140 Date of Birth: 15 Aug 67 Housing Location: 4/27

Nature of problem or request: Facial irritated badly, I sign
up twice thus far to see doctor

I consent to be treated by health staff for the condition described.

Richard W Wright
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: C/O "face being broke out."

Objective: BP 120/80 P 76 R 18 T 98
Noted by. Ant. bumping on neck, no skin breakage or
drainage noted. Is clean Shaven @ present.

Assessment:

Alteration in skin integrity

Plan:

Refer to: PA Physician Mental Health Dental

Signature: MA dunn

Title: R

Date: 5/19/00

Time: 7:15

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM

Print Name: Richard Wright Date of Request: 4/30/2000

ID #: 187101 Date of Birth: 8-15-67 Housing Location: 4-27

Nature of problem or request: Irritated Face

I consent to be treated by health staff for the condition described.

Richard Wright
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: C/O Irritated face

Objective: BP 130/90 P 64 R 20 T 97³

noted bumping of facial area could be burning
due to shaving. States face sore in some spots
no open sore areas or drainage @ present

Assessment:

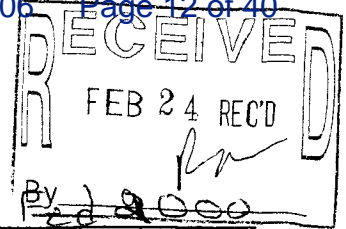
At Variation in Skin Integrity

Plan:

Refer to: PA Physician Mental Health Dental

Richard Wright
5/2/00

Signature: M. L. L. L. Title: Ln Date: 5/2/00 Time: 9:14 AM

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORMPrint Name: Richard Wright Date of Request: 24 Feb 2000ID #: 187140 Date of Birth: 15 Aug 67 Housing Location: 1-18ANature of problem or request: Irritated Faced,

Is patient to be treated by health staff for the condition described.

Richard Wright
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: C/O irritated skin due to shaving. Also something for congestion in chest.Objective: BP 120/80 P 80 R 18 T 97.5
Facial area has lg. amt. of shaving bumps
Edema & noted. Lungs clear.

Assessment:

Alteration in skin integrity

Plan:

1. See MD for profile & med.Referred to: ☐ PA/Physician ☐ Mental Health ☐ DentalSigned: M. Allan Title: LP Date: 2/25/00 Time: 8:35 PM

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM

Print Name: Richard W Wright Date of Request: Dec 14 1999
ID #: 187140 Date of Birth: 15 Aug 67 Housing Location: 5-74
Nature of problem or request: Shaving profile

I consent to be treated by health staff for the condition described.

Richard W Wright
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: Req. for Shaving profile & some cream for face.

Objective: BP 150/88 = 84 = 20 = 97.5

Bumping & discoloration of face due to Shaving

Alteration in skin integrity

- Plan:
- Shave profile x 90 days
 - Don't touch skin Benzoyl peroxide to face x 30d
- Refer to: PA/Physician Mental Health Dental

Signature: Mary Allan Title: Dr Date: 12/15/99 Time: 7:30

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM

Print Name: Richard Wright Date of Request: 2 Sept 99
ID #: 127140 Date of Birth: 15 Aug 67 Housing Location: Cell 2 Bed 101
Nature of problem or request: Shave profile and rash on feet

I consent to be treated by health staff for the condition described.

Richard Wright
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: "Shaving profile and rash on my feet."

Objective: BP 130/70 P 72 R 18 T 97.5

Lesions noted to face. also itching to face, neck, chin. also breaking
P shaving & razor. Rash noted to both feet

Assessment:

Alteration in skin integrity

Plan: Orders per Dr. Agarwal
D Shave profile x 90 days
D AF cream b.i.d x 14 days

Refer to: PA/Physician Mental Health Dental

Signature: [Signature] Title: LPN Date: 9/3/99 Time: 0818

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: RICHARD W WRIGHT Date of Request: 25 MAY 99
ID #: 187140 Date of Birth: 15 Aug 67 Housing Location: 14-24
Nature of problem or request: Bumps and rash on Penis, need
to see Eye Doctor

I consent to be treated by health staff for the condition described.

Richard W. Wright 187140
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: I got a rash @ my groin this is
the third time I had it & it comes back

Objective: BP 120/74 P 80 R 18 T 98.2
C/o rash to groin area

Assessment:

Allegation in contact w/ rash

Plan: To see MD

place
myeloid
5/26/99
Jr.
RECEIVED MAY 26 1999

Refer to: PA/Physician Mental Health Dental

Signature: A. Brown Jr. Title: 5-26-99 Date: 5-26-99 Time:

Print Name: Richard W Wright Date of Request: 26 Feb 98ID #: 197140 Date of Birth: 15 Aug 67 Housing Location: 1-146Nature of problem or request: Need a shaving profile, HAVE a
lash in my growing area.

I consent to be treated by health staff for the condition described.

Richard W Wright
SIGNATUREPLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

c/o needing shaving profileObjective: BP 104/80 P 78 R 16 T 98.4

Assessment:

small amount of bumps noted to under of neck
area, no redness or swelling noted
no broken skin, no irritate noted to
grow area @ this time

Plan:

no profile ressection @ this time
Advise inmate to purchase TA cream
from storeRefer to: PA/Physician Mental Health DentalSignature: [Signature] Title: [Signature] Date: 2/24/98 Time: [Signature]

**CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM**

Print Name: Richard W Wright Date of Request: 28 Jan 98
ID #: 187140 Date of Birth: 15 Aug 67 Housing Location: 1-146
Nature of problem or request: Shaving profile, Rash

I consent to be treated by health staff for the condition described.

Richard W Wright
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

*no siting
11/29/98
0000
elm*

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

**CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM**

Print Name: Richard Wright Date of Request: 6 May 97
ID #: 187 140 Date of Birth: 15 Aug 97 Housing Location: Ice Bed 140
Nature of problem or request: Need another shaving
profile

I consent to be treated by health staff for the condition described.

Richard Wright
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: elmate requests clipped shave

Objective: BP 126/76 P 72 R 16 T 98.2° Pseudofolliculitis
No broken skin

Assessment: Pseudofolliculitis

Plan: See order

KMF

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: [Signature] Title: _____ Date: 5/7/97 Time: _____

**CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM**

Print Name: Richard Wright Date of Request: 21 Oct 96
ID #: 187140 Date of Birth: 15 May 67 Housing Location: Cell 145 Bed
Nature of problem or request: Irritation on my skin from shaving

I consent to be treated by health staff for the condition described.

Richard Wright
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: My face is messed up from shaving

Objective: BP 120/70 P 76 R 18 T 98.5 face is irritated and
has open areas from shaving. no infection noted

Assessment: Shaving bumps

Plan: See order

NCMEMD

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: Nancy Long Title: LPJ Date: 10/21/96 Time:

**CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM**

Print Name: Richard Wright Date of Request: Eye Exam ^(I need) GLASSES
ID #: 2746 Date of Birth: 8-15-67 Housing Location: 6 cell Bed 67
Nature of problem or request: Need GLASS Appointment set For
EXAM

I consent to be treated by health staff for the condition described.

Richard Wright
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: eye list

Objective: BP 130/80 P 78 R 18 T 97.4

Assessment: no s/s of
distress

Plan: Place name on
eye list

KM:MD
Refer to: PA/Physician Mental Health Dental

Signature: [Signature] Title: KM Date: Time:

**CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM**Print Name: Richard Williams Date of Request: 6/11/96ID #: 101142 Date of Birth: 15 Aug 67 Housing Location: 20Nature of problem or request: rash in growing area

I consent to be treated by health staff for the condition described.

Richard Williams
SIGNATUREPLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA
*******HEALTH CARE DOCUMENTATION**Subjective: I got a congestion cough and a rash.Objective: BP 130/78 P 76 R 19 T 98.1 Grown rash
noted. Is congestion @ present. LCPAAssessment: Cold + grown rashPlan: See ordersKMSMD

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Richard Wright Date of Request: 23 Feb 99
ID #: 197145 Date of Birth: 15 Aug 67 Housing Location: 19/21
Nature of problem or request: Chest Congestion, Weakness in
Body, Fls symptoms, Shaving Profile.

I consent to be treated by health staff for the condition described.

Richard W Wright Sr.
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: "I am requesting to see the Doctor concerning
my above listed problems."

Objective: BP 120/76 P 76 R 20 T 99.8
Requesting a Shaving Profile.

Assessment: Alteration in Comfort, R/T cold symptoms.

Plan: See MD in Am 2/25/99 per Nursing Protocol
2/25/99 997

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: Patricia Rollins Title: LPN Date: 2/24/99 Time: 11:35 PM

RECREATIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient
Name

Wright Richard

I.D. #

187140

Institution

BCCF

DATE	TIME	NOTES	SIGNATURE
6-29-99		Transferred to Draper vol I —	Sm
6-7-99		STATION HEALTH CARE UNIT 5 med —	JD m
8/19/02		SP 40 km Pox ON of old up to heart only see to supp must be Pci no bump A line across/over old head Guy P/mil start a Adul 270 27	
11/20/04		Pgi x 200	

Patient Name Wright Richard I.D.# 187140 Institution BCCF

DATE	TIME	NOTES	SIGNATURE
4/26/99	5:15	116 C/d URTI chest clear Heart of App Anoxic Comp for 10 min	
5/27/99	5:15	to penicillin of penicillin App Antygel over skin	

**MEDICATION
ADMINISTRATION RECORD****124475 HALOPERIDOL 2 MG TAB****Start: 12/13/02 Stop: 06/04/03****TAKE 1 TABLET BY MOUTH AT****BEDTIME FOR 90 DAYS RX844631**1700 A A S
P
S
P**124476 LITHIUM CARBONATE 300 MG CAP****Start: 12/13/02 Stop: 06/04/03****TAKE TWO CAPSULE(S) AT BEDTIME****BY MOUTH FOR 90 DAYS RX844633**1700 A A
S
P

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

06/01/03

06/01/03

NKA

187148-ALO

Complete Entries Checked

By:

Title:

Date:

WRIGHT, RICHARD

187148

M) Mitha Doston w

[Handwritten signature]

KT $\Delta T_{\text{gl}, \text{VBL}}$
VS Admission



2100 DDDDDDDA AAAAAA A AAAAAA A

3100 DDDDDDDA AAAAAA AAAAAA A

hccf

VS V. Smith, JR.
NTD Chapman, JR.
NTD Pollard, JR.

IG K. Tyler, JR.
VS V. Slater, JR.

MEDICATION ADMINISTRATION RECORD



24475 HALOPERIDOL 2 MG TAB

Start: 12/13/02 Stop: 06/04/03

TAKE 1 TABLET BY MOUTH AT

BEDTIME FOR 90 DAYS RX844631

3/00 A

D/C

124476 LITHIUM CARBONATE 300 MG CAP

Start: 12/13/02 Stop: 06/04/03

TAKE TWO CAPSULE(S) AT BEDTIME

BY MOUTH FOR 90 DAYS RX844633

2/00 A

D/C

05/01/03

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

05/01/03

NKA

187148-AL0:

WRIGHT, RICHARD

Complete Entries Checked

By:

Shagis

Title:

187148

PN

Date:

4/29/03

ECCF

4 V. Sten

MEDICATION

ADMINISTRATION RECORD



124475 HALOPERIDOL 2 MG TAB

Start: 12/13/02 Stop: 06/04/03

TAKE 1 TABLET BY MOUTH AT

BEDTIME FOR 90 DAYS RX844631

Med
F24-03

124476 LITHIUM CARBONATE 300 MG CAP

Start: 12/13/02 Stop: 06/04/03

TAKE TWO CAPSULE(S) AT BEDTIME

BY MOUTH FOR 90 DAYS RX844633

Med
F24-03

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

03/01/03

~~03/01/03~~ 3-31-03

NKA

187148-ALQ

Complete Entries Checked

By:

Martha Jackson

Title:

LPN

Date:

3-1-03

WRIGHT, RICHARD

187148

0 Martha Gorka

NT T. J. Gilbert, RN

NT

KS V. Smith (PN)
14 1/16/06

MEDICATION

ADMINISTRATION RECORD



44551 HALOPERIDOL TAB ENG

01/04/02

TAKE 1 TABLET BY MOUTH AT

BEDTIME FOR 90 DAYS

Stop: 06/04/03

544553 LITHIUM CARB. 300MG CAP

05/04/02

TAKE 2 CAPSULES BY MOUTH AT

BEDTIME FOR 90 DAYS

Stop: 06/04/03

Mother 600mg + d x

3 days

3/11/03 to 2/5/03

0100 → AM <
1100 → PM <
1700 → DD <

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

P/187148-20

Complete Entries Checked

By:

[Signature]

Title:

PN

Date:

1/31/03

BY GOD

SCCF

187148

W Smithson
W Ruppins W

Q Rhy
CB clearly. Lr

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

FACILITY CODE

TIENT
Wright Richard

PATIENT CODE
187140

ROOM NO.	
----------	--

BED

FACILITY CODE

ADMINISTRATION RECORD



44-381 HALOPERIDOL TAB CMC

1994/04/04

TAKE 1 TABLET BY MOUTH AT

BEST TIME FOR 90 DAYS

Stop: 06/04/06

~~B44633 LITHIUM CARB. 300MG CAP~~

06/04/02

TAKE 2 CAPSULES BY MOUTH AT

BEDTIME FOR 90 DAYS

Stop: 06/04/03

1740 PRR DDD DDD DP DDDDDDDDDDD D D A D D P D P D D

17:00 PPM DDDDD DD PPP DDDDD DDDDDDDDDDDDDDDDDDD

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

1524 JOURNAL OF CLIMATE

12/21/02

442

F/18748-1

Complete Entries Checked

By:

Skagerak

Title:

PN

Date _____

141 321

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MS Martha Jackson CP

VS V. Smith IDN

TR Proben's



MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Lotrin 800mg ÷ PO TID X-7 days	1100																																	
	1700																																	
	2100																																	
Pen-VK-500mg ÷ PO TID X-7 days 2-5-02 → 12-13-02	1100																																	
	1700																																	
	2100																																	
						</																												

CHARTING FOR		THROUGH	
Physician		Telephone Number	Inmate No.
Alt. Physician		Alt. Telephone	
Allergies		Rehabilitative Potential	
Diagnosis			

Medicaid Number	Medicare Number	Complete Entries Checked				
		By: <i>A. Thomas</i>	Title: <i>LPN</i>	Date: <i>12/5/02</i>		
PATIENT <i>Wright Richard</i>		PATIENT CODE <i>187140</i>	ROOM NO.	BED	FACILITY CODE <i>BccF</i>	

- a. Put initial in appropriate box when medication is given.
- b. Circle initial when medication refused.
- c. State reason for refusal on nurse's notes.
- d. PRN Med: Reason given and results should be noted on Nurse's Medication Notes.

A-Charted in error.
B-Patient refused.
C-Patient out of facility.
D-Drug not given. Indicate reason in Nurse's Medication Notes.

E-See Nurse's Medication Notes.
F-Patient did not retain medication
G-Effective.

H-Ineffective
I-Hospital
J-Leave of absence

NURSE'S MEDICATION NOTES	PATCH SITE/ INJECTION SITE CODES:	1 - RIGHT DORSAL GLUTEUS	4 - LEFT VENTRAL GLUTEUS	7 - RIGHT DELTOID	10 - LEFT UPPER ARM	13 - UPPER BACK LEFT	15 - UPPER CHEST LEFT
		2 - LEFT DORSAL GLUTEUS	5 - RIGHT LATERAL THIGH	8 - LEFT DELTOID	11 - RIGHT ANTERIOR THIGH	14 - UPPER BACK RIGHT	16 - UPPER CHEST RIGHT
		3 - RIGHT VENTRAL GLUTEUS	6 - LEFT LATERAL THIGH	9 - RIGHT UPPER ARM	12 - LEFT ANTERIOR THIGH		

[illegible]



Wolfe et al.

EXP: 06/04/02

06/04/02

Step: 06/04/03

1700 H D J N D D D D D D D D D D D D D D D D / D C I d
1/24/03

1700 K D G M O D D D D D D D D D D D D D / DC 12
11/24/03

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

01-01-2

01/21/08

F/187148-BC

Complete Entries Checked

BY:

Title

Date: _____

SEP 1967

600 E

[illegible]

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